FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	SIAIEMENI
CHECK ONE:		DR-1	OF OF OR OTHER PROPERTY.
This is an initial* Statement of Organization	Reset Form	(Rev. 07/2009) A	ORGANIZATION
☐ This is an amended* Statement of Organization  *An initial Statement of Organization must be filed within 10 days of the comi	witten's constitutions	For Office Use	ONE BO
making expenditures, or incurring indebtedness exceeding \$750. Amendme		Comm. #	STATE ETC.
a change. Penalties may be imposed for late-filed Statements of Organization		Saudited 7 AM	0. 05
committee that exceeds \$750 in activity for another office shall file within 10	days either a new or amended	Computer	9-35
DR-1 disclosing information concerning the campaign for the new office sout	110 1110 01		
COMMITTEE NAME $\downarrow\downarrow$ (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name,			
put old name in (). Lyne Kueck Commits	e for Mayer	•	
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC			
(10)School Board or Other Political Subdivision PAC (11) Local Ballot issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	itory except for a c	andidate's committee)
Name + Kirk M. Struthers	Name + 1	D'	t10.
Mailing Address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	harles	- 65/ /	strom
maining Address 22 E. Neb. St.	Mailing Address	. Neb.	St.
City, State J Zip Code J J	City, State \ \ \ Zip Code \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Higona I cwa 50511			50511
Phone (5/5) 295-5343	Phone (315) 295 -	9611	
The Control of the Co	FINANC (S)	, -, .	
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box 🗵 Adve			
Comment or description:  All Candidates Enter:	Ad	vocate against balk	ot issue(s)
Office Sought: Mayor of Algora	County/Local Candidates as	nd Local Ballot Co	mmittees Enter:
They are a region of	County: Kossal	$\mathcal{H}$	
Political Party (if applicable)	(If active in multiple ballot issu	e elections, attach l	list of counties
District: City of Algona	Date of Election:	3-2216	2
Year Standing for Election: 25/0 - 20//	Date of Electron.	J ADY	
Bank Account Name (must match committee name)	Candidate name & Address or Pr	arent Entity (PACs.	if applicable).
Bank Account Name (must match committee name)	<b>A</b>	arent Entity (PACs. Miliate, or Sponsor	if apolicable).
Bank Account Name (must match committee name)	<b>1</b>	ffiliate, or Sponsor	if apolicable),
Name of Financial Institution/type of Account	<b>1</b>	Arent Entity (PACs, Miliete, or Sponsor	if applicable).
Name of Financial Institution/type of Account		Miliate, or Sponsor	
Ayan Kueck Committee for Mayor Name of Financial Institution/type of Account  Farmers State Bank / Checking		Miliate, or Sponsor	
Ayan Kueck Committee for Mayor Name of Financial Institution/type of Account  Farmers State Bank / Checking	$ \begin{array}{c cccc}  & \downarrow & \downarrow & \downarrow & \downarrow \\ \hline  & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & $	Miliate, or Sponsor  Kuech  Vermel  State + X	er Dr.
Ayan Kueck Committee for Mayor Name of Financial Institution/type of Account  Farmers State Bank / Checking	$ \begin{array}{c cccc}  & \downarrow & \downarrow & \downarrow & \downarrow \\ \hline  & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & & & & & & \downarrow \\ \hline  & $	Miliate, or Sponsor  Kuech  Vermel  State + X	er Dr.
Name of Financial Institution/type of Account  Farmers State Bank / Checking  Mailing Address + State State  State State State  State + Zip +		Miliate, or Sponsor  Kuech  Vermel  State + X	er Dr.
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Sank Account Name (must match committee name)  Lyan Kueck Committee for Mayor  Name of Financial Institution/type of Account  Farmers State Bank / Checking  Mailing Address +  State State State  City + State + Zip +  HIgara	$ \frac{1}{2} 1$	Miliate, or Sponsor  Kuech  Vermel  State + X	er Dr.
Name of Financial Institution/type of Account  Farmers State Bank / Checking  Mailing Address +  State State State  City + State + Zip +	$ \frac{1}{2} 1$	Miliate, or Sponsor  Kuech  Vermel  State + X	er Dr.
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Sank Account Name (must match committee name)  Lynk Kueck Lomm; the far Mayor  Name of Financial Institution/type of Account  Farmers State Bank Lecking  Mailing Address   State State Tip	Mailing Address  SOPW.  City  HIGANA  Phone (3/5)  E-Mail  They are subject to the laws in lowa Code one reports and that the failure to file the	Miliate, or Sponsor  Kuech  Ver MC  State + X  Lawa  553()	Zip \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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